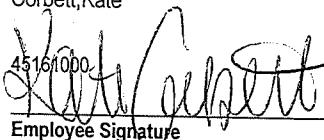
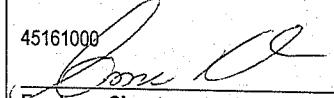
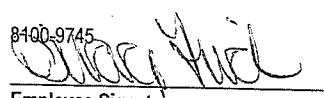
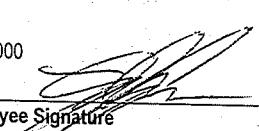


Director's Signature: CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048- Boston Drug Lab

Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10		Monday 04/12/10		Tuesday 04/13/10		Wednesday 04/14/10		Thursday 04/15/10		Friday 04/16/10		Saturday 04/17/10	
Corbett,Kate  45161000	Day: In - Out			6:50	5:50	7:05	7:05					7:45	2:45		
	Lunch: Out - In			10:00	12:30	10:00	12:00					12:00	12:30		
	Outside Duty: From - To					1:00			10:40	4:35					
Document exceptions or comments, indicate type and amount.		Cambridge Dist Lowell Comp 1.5 hrs Lowell Dist Comp 1 hr. ✓													
Dookhan,Annie  45161000	Day: In - Out			6:45	3:15	6:45	7:00	6:45	3:15	6:45	3:00	6:45	10:00		
	Lunch: Out - In			12:00	12:30			12:00	12:30	12:00	12:30	12:30			
	Outside Duty: From - To					1:00									
Document exceptions or comments, indicate type and amount.		Cambridge Dist 4:25 Vac ✓													
Feiden, Stacey  8400-9745	Day: In - Out			8:40	4:40	8:10		8:10	4:10	8:25	1:25	8:30	4:30		
	Lunch: Out - In			12:00	12:30			12:00	12:30	12:00	12:30	12:00	12:30		
	Outside Duty: From - To					8:45	1:10								
Document exceptions or comments, indicate type and amount.		BMC 3:0 Vac ✓													
Frasca,Daniela  45161000	Day: In - Out			7:30	3:30	6:45	3:45	7:00	3:00	6:45	2:45	6:45	2:45		
	Lunch: Out - In			1:30	2:00	12:30	1:30	12:45	1:15	1:00	1:30	12:30	1:00		
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															

Director's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10	Monday 04/12/10	Tuesday 04/13/10	Wednesday 04/14/10	Thursday 04/15/10	Friday 04/16/10	Saturday 04/17/10	
Glazer, Lisa 45161000 <i>Lisa Glazer</i>	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45		
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30		
	Outside Duty: From - To			1:00 2:45					
Employee Signature		Comments Carried out OT 30							
Lawler, Michael 45161000 <i>Michael Lawler</i>	Day: In - Out		8:00 4:30	8:15 4:15		8:50 5:53	10:20 6:30	7:50 4:10	
	Lunch: Out - In		1:35 2:05	1:40 2:10		1:20 1:50	1:10 1:40	1:00 1:30	
	Outside Duty: From - To								
Employee Signature		Comments Per 7.5 ✓							
Document exceptions or comments, indicate type and amount.		OT 7.5 ✓							
Medina, Nicole 45161000 <i>Nicole Medina</i>	Day: In - Out		7:45 3:45	7:45 3:45	7:45 3:45	7:45 2:45	7:55 3:55	5:00 2:50	
	Lunch: Out - In		12 12:30	12 12:30	12:00 12:30	12 12:30	12:00 12:30	12 12:30	
	Outside Duty: From - To		8:45 9:30						
Employee Signature		Comments 0:75 vac ✓							
Document exceptions or comments, indicate type and amount.		Comments 1.0 hr vac ✓							
OT 7.5 ✓									
O'Brien, Elisabeth 45161000 <i>Elisabeth O'Brien</i>	Day: In - Out		9:00 3:30	9:00 2:00	9:00 2:00	7:45 2:45	7:30 2:25		
	Lunch: Out - In		11:00 1:00	11:30 1:20	11:30 1:20	11:30 1:20	11:30 1:20		
	Outside Duty: From - To								
Employee Signature		Comments Per 3.5 ✓ CH 1.0 ✓ SIC 3.0 App ✓							
Document exceptions or comments, indicate type and amount.									

Director's Signature: CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 17, 2010

Folk\_OIG\_PRR\_002809

Employee Name:		Sunday 04/11/10		Monday 04/12/10		Tuesday 04/13/10		Wednesday 04/14/10		Thursday 04/15/10		Friday 04/16/10		Saturday 04/17/10	
Philips, Gloria 45161000 <u>Gloria Philips</u> Employee Signature	Day: In - Out			8:45	4:45										
	Lunch: Out - In			12:00	12:30										
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				CMT 7.5		CMT 7.5		PER 7.5		CMT 7.5					
Piro, Peter 45161000 <u>Peter Piro</u> Employee Signature	Day: In - Out			8:55	4:55	7:45	3:45	8:30	4:30	8:45	-	8:15	4:15		
	Lunch: Out - In			12:00	1:00	12	12:30	12-	12:30	-	-	12	12:30		
	Outside Duty: From - To											9:30 - 3:30 South Boston D.			
Document exceptions or comments, indicate type and amount.															
Renczkowski, Daniel 45161000 <u>Daniel Renczkowski</u> Employee Signature	Day: In - Out			8:00	4:00	6:45	2:45	7:10	3:10	7:45	3:45	8:00	4:00	6:45	2:45
	Lunch: Out - In			12:00	12:30	12:00	12:30	12:00	12:30	11:45	12:15	12:00	12:30	12:00	12:30
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.												OT 7.5 hrs			
Saunders, Della 45161000 <u>Della Saunders</u> Employee Signature	Day: In - Out			6:45	2:45	6:45		6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45
	Lunch: Out - In			1:30	2:00			1:45	2:15	1:45	2:15	1:30	2:00	12:15	12:45
	Outside Duty: From - To					8:45	1:10								
Document exceptions or comments, indicate type and amount.				BAC								OT 7.5			

Director's Signature: *CBS*

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10		Monday 04/12/10		Tuesday 04/13/10		Wednesday 04/14/10		Thursday 04/15/10		Friday 04/16/10		Saturday 04/17/10	
Sprague, Shirley 45161000 <i>Sprague</i> Employee Signature	Day: In - Out			910	510	900	510	905	510	905	505	1130	410		
	Lunch: Out - In			100	130	120	100	100	130	100	130	400	120		
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															
Tan, Zhi 45161000 <i>Zhi</i> Employee Signature	Day: In - Out			6:45	10:45	6:45	2:45	6:45	2:45	6:45				6:45	2:45
	Lunch: Out - In					11:45	12:15	11:50	12:20					12:00	12:30
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.		VAC 3 hrs													
Tran, Mai 45161000 <i>Mai</i> Employee Signature	Day: In - Out			850	1:20			930	4				815	2:15	
	Lunch: Out - In							1130	12						
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.		1.5 hrs comp from last Friday													
45161000 <i></i> Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.		1.5 hrs comp See email													

Director's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed."

Time Log/Program / Area: Drug Analysis Lab Boston

Week Ending:

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Salemi Charles 45161000 <i>Charles Salemi</i>	Day: In - Out			745	600	1000	615	1000	615	835	300	945	600		
	Lunch: Out - In			1205	1250	1205	1285	1205	1280	1205	1255	12	1245		
	Outside Duty: From - To														
Employee Signature		VAC 2 hrs													
Document exceptions or comments, indicate type and amount															
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount															

William A. Hinton State Laboratory Institute

**OVERTIME REQUEST FORM**

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 4/17/10

# of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be:  paid at OT rate \_\_\_\_\_ added to comp time balance \_\_\_\_\_  
(if OT rate, complete below)

OT Account: 8100-9745

**Approval:**

Supervisor: CD Halem

Date: 4/15/10

Department Head: Mme Korn

Date: 4/15/10

Denial reason: \_\_\_\_\_

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	120459	7.5 hrs			
Nicole Medina	285766	7.5 hrs			
Daniel Penzakowski	297673	7.5 hrs			
Della Saumcales	147387	7.5 hrs			
Zhi Tan	148724	7.5 hrs			